



#3

**DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Attorney Docket No.	P9530
First Named Inventor	Victor D. Dolecek, et al
<b>COMPLETE IF KNOWN</b>	
Application Number	09/832,517
Filing Date	April 9, 2001
Group Art Unit	1723
Examiner Name	Not Yet Accorded

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing--surcharge 37 CFR 1.16(e) required

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM FOR THE PRODUCTION OF AUTOLOGOUS PLATELET GEL USEFUL  
FOR THE DELIVERY OF MEDICINAL AND GENETIC AGENTS**

the specification of which

☐ is attached hereto

OR

☒ was filed on  
(MM/DD/YYYY)

April 9, 2001

as U.S. Application No. or  
PCT International Application No.

09/832,517

and was amended on  
(MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Appl. No.(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY)

## DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

U.S. Parent Application or PCT Parent No.	Parent Filing Date (MM/DD/YY)	Parent Patent No. (if applicable)
09/063,338	04/20/98	

☐ Additional U.S. or PCT international application nos. listed on PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

☒ Customer Number 25235 Place bar code label here ➡➡

OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

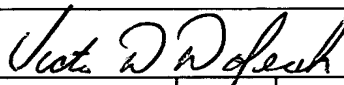
☐ Additional registered practitioner(s) named on supplemental sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence  
or Bar Code Label address below

Name	Steven C. Petersen				
Address	Hogan & Hartson, LLP				
Address	1200 17 <sup>th</sup> Street, Suite 1500				
City	Denver	State	CO	ZIP	80202
Country	US	Telephone	(720) 406-5315	Fax	(720) 406-5301

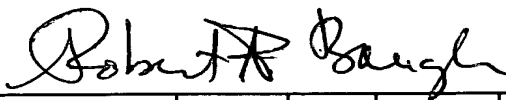
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor.

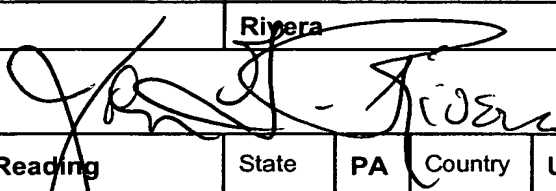
Given Name (first and middle [if any])		Family Name or Surname			
Victor D.		Dolecek			
Inventor's Signature				Date 10/14/01	
Residence City	Englewood	State	CO	Country	US
Citizenship	US				
Post Office Address	6607 S. Atchinson Way				
Post Office Address	6607 S. Atchinson Way				
City	Englewood	State	CO	ZIP	80111
Country	US				

☒ Additional inventors are named on 24 supplemental additional inventor(s) sheet(s) PTO/SB/02A attached



DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>4</u>			
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname					
Robert F.			Baugh					
Inventor's Signature					Date		7/9/01	
Residence: City		Parker	State	CO	Country	US	Citizenship	US
Post Office Address		7926 Windcrest Row						
Post Office Address		7926 Windcrest Row						
City		Parker	State	CO	ZIP	80134	Country	US
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname					
John G.			Rivera					
Inventor's Signature					Date			
Residence: City		Reading	State	PA	Country	US	Citizenship	US
Post Office Address		5300 Oley Turnpike Road						
Post Office Address		5300 Oley Turnpike Road						
City		Reading	State	PA	ZIP	19606	Country	US
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname					
William F.			McKay					
Inventor's Signature					Date			
Residence: City		Memphis	State	TN	Country	US	Citizenship	US
Post Office Address		3870 McErle Cove						
Post Office Address		3870 McErle Cove						
City		Memphis	State	TN	ZIP	38133	Country	US

**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 2 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Robert F.				Baugh			
Inventor's Signature						Date	
Residence: City		Parker	State	CO	Country	US	Citizenship
Post Office Address		7926 Windcrest Row					
Post Office Address		7926 Windcrest Row					
City		Parker	State	CO	ZIP	80134	Country
							US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John G.				Riviera			
Inventor's Signature						7/6/01 Date	
Residence: City		Reading	State	PA	Country	US	Citizenship
Post Office Address		5300 Oley Turnpike Road					
Post Office Address		5300 Oley Turnpike Road					
City		Reading	State	PA	ZIP	19606	Country
							US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
William F.				McKay			
Inventor's Signature						Date	
Residence: City		Memphis	State	TN	Country	US	Citizenship
Post Office Address		3870 McErlic Cove					
Post Office Address		3870 McErlic Cove					
City		Memphis	State	TN	ZIP	38133	Country
							US

# DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Robert F.		Baugh					
Inventor's Signature						Date	
Residence: City	Parker	State	CO	Country	US	Citizenship	US
Post Office Address	7926 Windcrest Row						
Post Office Address	7926 Windcrest Row						
City	Parker	State	CO	ZIP	80134	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
John G.		Rivera					
Inventor's Signature						Date	
Residence: City	Reading	State	PA	Country	US	Citizenship	US
Post Office Address	5300 Oley Turnpike Road						
Post Office Address	5300 Oley Turnpike Road						
City	Reading	State	PA	ZIP	19606	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
William F.		McKay					
Inventor's Signature	William F. McKay					Date	7-23-01
Residence: City	Memphis	State	TN	Country	US	Citizenship	US
Post Office Address	3870 McElrie Cove McElrie						
Post Office Address	3870 McElrie Cove McElrie						
City	Memphis	State	TN	ZIP	38133	Country	US